

L23000234769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

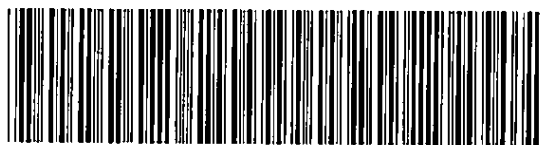
(Document Number)

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2024 JUL 30 PM 1:34
SECRETARY OF STATE
TULSA, OKLAHOMA

Name Change

AUG 13 2024

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ghoststudio LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guido Chiappa

Name of Person

Firm/Company

227 Michigan Ave Unit 404

Address

Miami Beach, FL 33139

City/State and Zip Code

chiappaguido@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleka Mazarakis

917
at ()

841-2460

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JUL 30 PM 1:34
FILED
REGISTRATION SECTION
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2024

GUIDO CHIAPPA
227 MICHIGAN AVE., UNIT 404
MIAMI BEACH, FL 33139

SUBJECT: GHOSTSTUDIO LLC
Ref. Number: L23000234769

NAME CHANGED
SEE ATTACHED
DOCUMENT - THANK YOU

We have received your document for GHOSTSTUDIO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

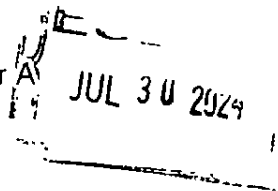
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager



Letter Number: 724A00015495

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ghoststudio LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/12/2023 and assigned Florida document number L23000234769.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~Reveal Studios LLC~~

THE REVEAL PROJECT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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2024 JUL 30 PM 3:34
SECRETARY OF STATE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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